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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

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New Filing Section

TO:

Division of Corporations	
TO THE KING LLC	
SUBJECT:	_
Name of Limited Liability Company	_
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GARREIT WALKER	
Name of Person	
TO THE KING LLC	
Firm/Company	<u> </u>
5103 LENA RD. UNIT 107	
Address	
BRADENTON, FL, 34211	
City/State and Zip Code GARRETT@CROWNDESIGNGROUP.ORG	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
GARRETT WALKER 941 7352025	
at ()	
Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
	0 Filing Fee,
Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &
Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
TO THE KING LLC				
(Must co	natin the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limit	ed Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
5103 Lena Rd. UNI	Г 107	5	103 Lena Rd. UNIT 107	
BRADENTON, FL		B	RADENTON, FL	
34211			1211	
The name and the Florida stree	GARRETT WALKER 13206 56TH CT. E. Florida street addres	Name	acceptable)	
	PARRISH	FL	34219	
	City	State	Zip	
place designated in this certificat further agree to comply with the	te, I hereby accept the app provisions of all statutes r	ointment as regist elating to the prop as registered ager	he above stated limited liability coered agent and agree to act in this er and complete performance of n as provided for in Chapter 605, attack (REQUIRED)	s capacity. I ny duties, and l

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	uthorized Member	
113.4/2007 1.4	dillottzed Melliott	
"MGR" = Ma	nager	
AMBR	GARRETT WALKER	
	13206 56TH CT E	
	PARRISH, FL, 34219	
AMBR	BEN GRAHAM	
AMDA	13120 56TH CT E	
	PARRISH, FL. 34219	
AMBR	TERRY MITCHELL	
	2009 153RD CT. E BRADENTON, FL, 34212	
	BHADENTON, PL, 34212	
		
	M-1-201411-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
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·	ent if necessary)	(ORTIONAL)
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RTICLE V: Effective an effective date is le date of filing.) ote: If the date inser	e date, if other than the date of filing:	s days prior to or 90 days after
RTICLE V: Effective fan effective date is le date of filing.) ote: If the date inserte document's effective	e date, if other than the date of filing:	s days prior to or 90 days after
RTICLE V: Effective fan effective date is le date of filing.) ote: If the date inserse document's effective RTICLE VI: Other page 1	e date, if other than the date of filing:	s days prior to or 90 days after
RTICLE V: Effective fan effective date is le date of filing.) ote: If the date inserse document's effective RTICLE VI: Other page 1	e date, if other than the date of filing:	ents, this date will not be listed as member. (b). Florida Statutes.
RTICLE V: Effective fan effective date is le date of filing.) ote: If the date inserse document's effective RTICLE VI: Other page 1	e date, if other than the date of filing: listed, the date must be specific and cannot be more than five busines ted in this block does not meet the applicable statutory filing requirement we date on the Department of State's records. rovisions, if any. Signature of a member or an authorized representative of a This document is executed in accordance with section 605.0203 (1) of a maware that any false information submitted in a document to the	ents, this date will not be listed as member. (b). Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

COVER LETTER

TO:	New Filing Sec Division of Cor					
	ТО ТНЕ В	GNG LLC				
SUBJI	ECT:	Nar	ne of Limit	ted Liability	Company	
The er	nclosed Articles of	Organization and	fee(s) are	submitted f	or filing.	
Please	return all correspo	ondence concernin	ig this matt	er to the fo	llowing:	
	GARRETT	WALKER				
				Name of F	erson	
	ТО ТНЕ К	NG LLC				
			· · · · · · · · · · · · · · · · · · ·	Firm/Con	pany	
	5103 LENA	ARD. UNIT 107				
				Addre	ss	
	BRADENT	ON, FL, 34211				
	GARRETT®	CROWNDESIG		y/State and .ORG	Zip Code	
		E-mail address: (to	be used f	or future ar	nual report notificati	on)
For furt	her information co	ncerning this mat	ter, please	call:		
	GARRETT	WALKER	94	i	7352025	
	Nam	ne of Person			Daytime Telephon	
Enclo:	sed is a check for t	he following amo	unt:			
	25.00 Filing Fee	□\$130.00 Fili Certificate of \$	ng Fee &	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address iling Section			Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:				
TO THE KING I	LIC				
(Must	conatin the words "Limited	Liability Company.	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal c	office of the Limited	Liability Company is:		
Pri	incipal Office Address:		Mailing Add	tress:	
5103 Lena Rd. U	JNIT 107	510.	3 Lena Rd. UNIT 107		
BRADENTON.		BRA	ADENTON, FL		
34211		342	11		
•	h an active Florida registration treet address of the registere GARREIT WALKER	d agent are:			
	GARAGE C WASHING	Name			
	13206 56TH CT. E.	(D.O. D. NOT.			
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)		
	PARRISH	FL	34219		
	City	State	Zip		
lace designated in this certij wther avree to comply with	ered agent and to accept serv ficate, I hereby accept the app the provisions of all statutes t the obligations of my position Regis	pointment as register relating to the proper	ed agent and agree to ac and complete performa as provided for in Chapt	t in this capacity. nce of my duties, a	1

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

itle:		
AMBR" = Authorized Member		
4GR" = Manager		
AMBR	GARRETT WALKER	
	13206 56TH CT. E	
	PARRISH, FL. 34219	
AMBR	BEN GRAHAM	
-	13120 56TH CT. E PARRISH, FL, 34219	
ALADD.	TERRY MITCHELL	
AMBR	2009 153RD CT. E	
	BRADENTON, FL, 34212	
•		
1 h		
Jse attachment it necessary)		
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